2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 465255 Feb 24, 2000 8:00 am **Secretary of State** IMPERIAL TOOL COMPANY 02-24-2000 90057 010 ***150.00 Principal Place of Business Mailing Address 1100 BOUTWELL ROAD 1100 BOUTWELL ROAD LAKE WORTH FL 33461-2602 LAKE WORTH FL 33461 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1563596 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOLLY, RUTH R. 7608 S. FLAGLER DR. WEST PALM BCH FLORIDA 33405 1100 Boutwell Zip Code 3346 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. PVD TITLE ☐ Addition TITLE Delete DOLLY, RUTH, R. NAME NAME 1100 Boutwell Road STREET ADDRESS STREET ADDRESS 7608 S. FLAGLER DR. CITY-ST-ZIP CITY-ST-ZIP WEST PALM BCH. FL TITLE Delete DOLLY, LOUISE A. NAME NAME 1100 Boutwell Road STREET ADDRESS 7608 S. FLAGLER DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BCH. FL ST --- . --- Delete TITLE TITLE DOLLY, LOUISE A. NAME NAME 7608 S. FLAGLER DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BCH. FL TITLE TITLE ☐ Delete DOLLY, LAWRENCE S NAME NAME STREET ADDRESS 7608 S FLAGLER DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BCH,F L Addition ☐ Delete TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2/11/80

(254) 772-7573

☐ Change

☐ Addition

Daytime Phone #